

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
WELFARE DIVISION

APPLICATION FOR ENERGY ASSISTANCE

ENERGY ASSISTANCE: Assists eligible Nevadans with their home energy costs. Benefit amounts vary depending on the household's gross annual income and total annual energy usage. Benefits are not based on how much you owe.

STATEWIDE TOLL-FREE NUMBER: 1-(866)-846-2009

Energy Assistance Program
1470 East College Parkway
Carson City, Nevada 89706-7924
Telephone: (775) 684-0730
FAX: (775) 684-0740

Serves: All Nevada communities not listed at right.

Energy Assistance Program
701 North Rancho Drive, Door B
Las Vegas, Nevada 89106-3704
Telephone: (702) 486-1404
FAX: (702) 486-1441

Serves: Alamo, Armagosa Valley, Beatty, Blue Diamond, Boulder City, Bunkerville, Caliente, Cottonwood Cove, Goodsprings, Henderson, Indian Springs, Jean, Lake Mead, Las Vegas, Laughlin, Logandale, Manhattan, Mercury, Mesquite, Moapa, Mt. Charleston, Nellis, Nelson, Overton, Pahrump, Panaca, Pittman, Sandy Valley, Searchlight

YOUR HOUSEHOLD'S GROSS MONTHLY INCOME MAY NOT EXCEED:

Household Size	Maximum Monthly Income	Household Size	Maximum Monthly Income	Household Size	Maximum Monthly Income
1	\$1,122.50	4	\$2,300.00	7	\$3,477.50
2	\$1,515.00	5	\$2,692.50	8	\$3,870.00
3	\$1,907.50	6	\$3,085.00		
Add \$392.50 for each additional person					

Be sure your application includes proof of ALL gross income for EVERY PERSON in the household for the last thirty (30) days, copies of your last heating and electric bills, everyone's Social Security numbers, and the assets/resources of all household members. Additionally, proof of the amount you pay for housing costs is needed. IF YOU RENT, you must return the enclosed Rental Verification Form completed by your landlord.

If eligible, your household will receive an annual, one-time per year benefit paid, in most cases, directly to your energy vendor(s). The benefit will show as a credit on your household's energy bill(s). You are encouraged to spread the benefit amount over a 12-month period. You may not reapply for energy assistance until approximately 11 months after you received your last notice of approval.

Sometimes more information is needed to process the application. If so, you will receive a notice asking for that information. It is your responsibility to make sure the required information is mailed or faxed by the deadline given. The Energy Assistance Program is not responsible for lost or misdirected mail. Mail with insufficient postage will be returned.

READ THIS CAREFULLY BEFORE FILLING OUT THE APPLICATION

1. Read each page carefully and answer every question. If the answer is "none," write "NONE."
2. You must answer all questions on the application form and sign it. Failure to answer all questions completely and provide requested proof or documentation **WILL DELAY THE PROCESSING OF YOUR APPLICATION AND MAY RESULT IN DENIAL OF ASSISTANCE.**
3. You are certifying to the correctness of your answers whether completing the application for yourself or acting on behalf of someone else. False or concealed information could result in program disqualification or prosecution.
4. If you need assistance completing the application, call the local Energy Assistance Program (EAP) office or the toll-free number listed above. A list of Intake Sites is on the back of this page and staff there are also available to help you.
5. **Mail your completed application and needed proof/documentation to the Energy Assistance Program office that serves your community. See top of this page for the two (2) EAP offices that can process your application.**

2003 ENERGY ASSISTANCE PROGRAM INTAKE SITES

Intake sites can help answer questions on how to apply for energy assistance. Intake sites DO NOT PROCESS your application. See front page for the two (2) Energy Assistance Program office addresses. You should mail your completed application to the EAP office for processing should you NOT REQUIRE HELP in submitting your application.

1. CARLIN OPEN DOOR SENIOR CENTER 718 Cedar St. – PO Box 123 Carlin, NV 89822 Phone: (775) 754-6465	12. LANDER COUNTY SENIOR PROGRAM 365 E. 4 th St. Battle Mountain, NV 89820 Phone: (775) 635-5311
2. CHURCHILL COUNTY SOCIAL SERVICES 155 N. Taylor St. - Suite 157 Fallon, NV 89406 Phone: (775) 423-6695	13. LAS VEGAS HOUSING AUTHORITY 340 N. 11 th St. Las Vegas, NV 89101 Phone: (702) 922-7014
3. COMMUNITY SERVICES AGENCY (CSA) 1090 E. Eighth St. – PO Box 10167 Reno, NV 89510 Phone: (775) 786-6023	14. LINCOLN COUNTY NUTRITION Main & Atchison – PO Box 508 Panaca, NV 89042 Phone: (775) 728-4477
4. CONSOLIDATED AGENCIES OF HUMAN SERVICES (CAHS) 701 E St. – PO Box 331 Hawthorne, NV 89415 Phone: (775) 945-2471	15. LYON COUNTY HUMAN SERVICES 1075 Pyramid St. – PO Box 1141 Silver Springs, NV 89429 Phone: (775) 577-5009
5. DAYTON SENIOR CENTER PO Box 612 Dayton, NV 89403 Phone: (775) 246-6210	16. MINA CARE & SHARE SENIOR CENTER 821 8 th St. – PO Box 195 Mina, NV 89422 Phone: (775) 573-2344
6. DOUGLAS COUNTY SOCIAL SERVICES 1133 Spruce St. – PO Box 218 Minden, NV 89423 Phone: (775) 782-9825	17. SALVATION ARMY – CARSON CITY 661 Colorado St. – PO Box 956 Carson City, NV 89701 Phone: (775) 887-9120
7. ELKO SENIOR ACTIVITIES PROGRAM 1795 Ruby View Dr. Elko, NV 89801 Phone: (775) 738-3030	18. SILVER SAGE SENIOR CENTER 213 First St. – PO Box 136 Wells, NV 89835 Phone: (775) 752-3280
8. EUREKA COUNTY SENIOR CENTER 20 W. Gold St. – PO Box 278 Eureka, NV 89316 Phone: (775) 237-5597	19. SILVER SPRINGS SENIOR CENTER 1050 Pyramid St. – PO Box 149 Silver Springs, NV 89429 Phone: (775) 577-5014
9. FT. McDERMITT SOCIAL SERVICES House #23 N. Reservation Rd. – PO Box 68 McDermitt, NV 89421 Phone: (775) 532-8263 or 8521	20. TAHOE DOUGLAS SENIOR CENTER 885 Hwy. 50 – PO Box 1771 Zephyr Cove, NV 89448 Phone: (775) 588-5140
10. FERNLEY SENIOR CENTER 1170 W. Newlands Dr. – PO Box 408 Fernley, NV 89408 Phone: (775) 575-3370	21. UNITED SENIORS INC. 475 S. Moapa Valley Blvd. Overton, NV 89040 Phone: (702) 397-8002
11. HENDERSON ALLIED COMMUNITY ADVOCATES 145 Panama St. Henderson, NV 89015 Phone: (702) 486-6770 Ext. 245	22. WASHOE COUNTY SENIOR SERVICES 1155 E. Ninth St. Reno, NV 89512 Phone: (775) 328-2590



Complete the following for every person in the home, including yourself. PLEASE PRINT LEGIBLY.

A. HOUSEHOLD INFORMATION

Name (Last, First, Middle) (Jr., Sr., III)	Relation- ship to you	S E X M/F	Date of Birth dd/mm/yyyy	A G E	U.S. Citizen or Eligible *Non- citizen		Native American		Disabled		Social Security Number
					Yes	No	Yes	No	Yes	No	
Applicant:	SELF										

***Non citizens must provide copies of I-688 or I-551 card (front and back) with completed application.**

Home / Energy Service Address		City	Zip
Mailing Address		City	Zip
Home Phone	Day/Work Phone	Message Phone	

B. DWELLING INFORMATION

- Dwelling Type: ☐ House ☐ Duplex ☐ Apartment ☐ Condo ☐ Studio ☐ Mobile Home ☐ Travel Trailer
☐ Rent Room ☐ Motel/Hotel Other: _____
- Dwelling Cost (**Attach Proof**): Rent \$_____ ☐ Buy/Own \$_____ ☐ Space Rent \$_____
- Does your housing have anything to do with Housing Authority, Section 8 or other city, county, state, tribal or federal agency? ☐ YES ☐ NO
- Landlord, Project/Complex, Mortgage Company Name: _____
Address: _____ Phone No.: (____) _____

C. UTILITY INFORMATION

HEATING SERVICE (Attach Copy of Bill)	ELECTRIC SERVICE (Attach Copy of Bill)
Check all that apply: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ <input type="checkbox"/> Receive bill from utility company <input type="checkbox"/> Heating service included in rent/mortgage <input type="checkbox"/> Pay separate bill to landlord for heating service	Check one that applies: <input type="checkbox"/> Receive bill from utility company <input type="checkbox"/> Electric service included in rent/mortgage <input type="checkbox"/> Pay separate bill to landlord for electric service
(Heating Company Name)	(Electric Company Name)
(Heating Account Number)	(Electric Account Number)
(Name On Account)	(Name On Account)
Is this your landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If this person is NOT your landlord and does not live with you, provide their address, phone number and relationship to you, on a separate piece of paper.)</i>	Is this your landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If this person is NOT your landlord and does not live with you, provide their address, phone number and relationship to you, on a separate piece of paper.)</i>

ALERT - If your heating and/or electric vendor **IS NOT** Southwest Gas, Sierra Pacific Power or Nevada Power Company, you need to provide proof of the last 12 months of usage in dollars and therm, watts and/or gallons for your current energy service address. This can be done by going to your vendor and requesting the information or providing a copy of all your bills for each utility for the past 12 months. Any receipts for alternate energy sources such as propane, wood pellets, kerosene, etc., are also required. If we do not have this information, it can delay the processing of your application until this information is received.

You can choose how you want your benefits paid: Lump Sum Single Payment One Vendor Heating **or** Cooling; Lump Sum 50/50 Split Heating and Cooling Vendor. If your heating/cooling is **all electric**, that vendor will receive a lump sum benefit.

(MARK ONLY ONE)

- ☐ Split my benefit between my heating and electric vendor.
☐ Pay my entire benefit.
☐ Pay my entire benefit to my electric vendor.

D. INCOME**5. EARNED INCOME**

Did any household member work during the last thirty (30) days? Include self-employment and jobs such as babysitting, house cleaning and odd jobs. If YES, complete the following.

You must attach copies of all check stubs or other proof of gross earned income for the last thirty (30) days – 1099 and W-2 are not accepted proof of current income.

NAME OF PERSON WORKING	TYPE OF WORK (<i>Carpenter, Waitress</i>)	GROSS PAY PER CHECK	HOW OFTEN PAID	TIPS PER MONTH	DO YOU STILL HAVE THIS JOB?

List any household member(s) who received **no** income or benefits during the last thirty (30) days.

NAME OF HOUSEHOLD MEMBER	DO YOU EXPECT THIS TO CHANGE? IF YES, EXPLAIN

If the household's expenses (e.g., rent/utilities) are more than income, please explain how you are able to pay rent, buy food, etc. If someone is helping with your bills, how much help did you receive each month during the last six (6) months and from whom (list each individual, name, address, telephone)? _____

6. UNEARNED INCOME

Has anyone in the household applied for or currently receiving money from any of the following sources?

☐ YES ☐ NO If YES, check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Military Allotment | <input type="checkbox"/> Supported Living Arrangement (SLA) |
| <input type="checkbox"/> Church/Charitable Contributions | <input type="checkbox"/> Mining Claims | <input type="checkbox"/> TANF Assistance |
| <input type="checkbox"/> County Support/Alimony | <input type="checkbox"/> Pan Handling | <input type="checkbox"/> Temporary Disability Insurance |
| <input type="checkbox"/> Contributions/Gifts | <input type="checkbox"/> Pensions/Retirement | <input type="checkbox"/> Tribal Assistance/IGA |
| <input type="checkbox"/> County Assistance/General Assistance | <input type="checkbox"/> Railroad Retirement | <input type="checkbox"/> Trust Income |
| <input type="checkbox"/> *Educational Assistance | <input type="checkbox"/> Rent/Payment from Property | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> Foster Care Payments | <input type="checkbox"/> Royalties | <input type="checkbox"/> Utility Allowance From Housing |
| <input type="checkbox"/> Interest/Dividends/Annuities | <input type="checkbox"/> Social Security Disability | <input type="checkbox"/> Union Strike Benefits |
| <input type="checkbox"/> Loans | <input type="checkbox"/> Social Security Retirement | <input type="checkbox"/> Veterans Benefits |
| <input type="checkbox"/> Lump Sum Payments (settlements – back payments) | <input type="checkbox"/> Social Security Survivor's | <input type="checkbox"/> Winnings |
| | <input type="checkbox"/> Subsidized Housing | <input type="checkbox"/> Worker's Compensation |
| | <input type="checkbox"/> Supplemental Security Income (SSI) | |

☐ Other _____

* Attach proof of tuition, books and supplies for prior **TWO** semesters.

Income Type	Who Receives	Amount	How Often	Income Type	Who Receives	Amount	How Often

Attach proof of all unearned income. 1099 and W-2 are unacceptable proof of current income.

7. List the name(s) of anyone in the household who is on Medicare:

8. Is anyone in the household receiving Food Stamps? ☐ YES ☐ NO (for statistics only)

9. Do you expect any changes in the household's income or benefits? ☐ YES ☐ NO

If YES, what? _____ When? _____

E. RESOURCES/ASSETS

List all resources you now have. Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Trust Funds | <input type="checkbox"/> Keogh Accounts (401K) |
| <input type="checkbox"/> Checking Accounts | <input type="checkbox"/> Individual Retirement Accounts (IRA) | <input type="checkbox"/> Christmas Club |
| <input type="checkbox"/> Credit Union Accounts | <input type="checkbox"/> Individual Indian Money Accounts (IIMA) | <input type="checkbox"/> Certificates of Deposit (CD) |
| <input type="checkbox"/> Business Checking Accounts | <input type="checkbox"/> Mining Claims | <input type="checkbox"/> Other Account Types |
| <input type="checkbox"/> Savings Bonds | <input type="checkbox"/> Cash on hand \$ _____ | <input type="checkbox"/> Safe Deposit Box(es) |
| <input type="checkbox"/> Stocks/Bonds | <input type="checkbox"/> Other Houses, Land or Buildings | <input type="checkbox"/> Burial Funds/Plans |
| <input type="checkbox"/> Land/Mineral Rights | <input type="checkbox"/> Life Estates/Life Leases | <input type="checkbox"/> Life Insurance Policies |
| | <input type="checkbox"/> Promissory Notes or Contracts | <input type="checkbox"/> None |
| <input type="checkbox"/> Other _____ | | |

Owner(s)	Name and Address of Resource Institution	Resource Types	Account/Policy Number	Amount Value	Amount Owed

F. SIGNATURE

I hereby authorize any investigation concerning me and other household members necessary to determine eligibility for benefits received or to be received under programs administered by the Nevada State Welfare Division. I hereby authorize and consent to the release of any and all information confidential by law or otherwise privileged under NRS 422.290 or any other provision of law or otherwise. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information. I acknowledge that a reproduced copy of this authorization legally constitutes an original copy. I consent that the Nevada State Welfare Division or its representatives may survey my energy usage, advise vendors of assistance grants, and status at the time of certification. If my eligibility/benefit determination was based on inaccurate or incomplete information that resulted in my household receiving benefits to which we were not entitled, it is my responsibility to repay the benefits to the Energy Assistance Program and I may be subject to criminal prosecution. I authorize the Energy Assistance Program to release information about my household, to include energy usage information, to the State of Nevada Housing Division, Weatherization Assistance Program, for possible eligibility in weatherizing my residence. I have read and understand the "Rights and Obligations" form and I realize that I must give complete and accurate information. Persons found guilty of intentionally violating program rules will be ineligible for program participation for one (1) year for the first violation, two (2) years for the second violation, and permanently barred from the program for the third violation.

I SWEAR EVERY ANSWER IS TRUE.

Signature of Applicant: _____ Date: _____

DID YOU REMEMBER TO:

- ***Sign the application?***
- ***Attach proof of ALL EARNED and UNEARNED income? See back of this page for more detail or examples of required proof of income.***
- ***Attach copies, receipts, or printout of the last twelve (12) months for both your heating and cooling vendors? (if not Sierra Pacific Power Co., Nevada Power Co. or Southwest Gas Corp.)***
- ***Attach a current rent/ mortgage receipt?***
- ***Education (proof of ALL assistance for prior TWO semesters)?***
- ***Attach signed white copy of Notice of Rights and Obligations form in your packet.***
- ***Attach copies of resident alien status cards.***
- ***Send your completed application and required proof/documentation to the Energy Assistance Program (EAP) office that serves your community. See top of front page of the application for the two (2) EAP offices in Nevada.***

WE NEED ALL THE ABOVE TO PROCESS YOUR APPLICATION TIMELY.

REQUIRED PROOF OF INCOME DOCUMENTATION EXAMPLES

1099 and W-2 forms are unacceptable proof of income

All documentation sent with your application can be either originals or photocopies. If you cannot photocopy the originals, our office will be happy to copy the material and send it back after your case is processed, if you request the originals back.

Earned Income: Need copies of check stubs for the **last thirty (30) days**. If paid weekly – 4 check stubs; paid bi-weekly or bi-monthly – 2 check stubs. A signed and dated statement on letterhead from your employer stating your gross income for the last thirty (30) days and how often you get paid, e.g., weekly, bi-weekly, bi-monthly is acceptable if you don't have check stubs.

Earned income includes: income from **babysitting, house cleaning, and other odd jobs**. The person you work for must state your pay amount, how often you are paid, and include their name, address and phone number.

Unearned Income: Unearned income includes **Social Security, SSI, Veterans Benefits, pensions, disability income, military income, unemployment, child support, alimony, interest income, dividends, regular insurance or annuity payments**. Copies of checks, benefit verification form or award letter from the entity providing the income, or a complete copy of the most recent bank statement showing the automatic deposit (identify the source of each deposit). The benefit verification should be for the current year showing any cost of living raise. Child support/alimony income: copy of divorce decree/separation/settlement agreement, or dated letter from person paying the support (to include name, address and phone number), or copy of last check/statement from child support enforcement agency. Interest income/dividends: bank account statements, certificates of deposit, etc., if contains details and signed by financial institution; or broker's quarterly statement showing earnings.

Recurring Gifts and/or Support: Signed statement by the person providing the money on a regular basis, which indicates the amount of support, how often it is paid, and when the arrangement began; or dated and signed statement by the applicant identifying the name(s), address(es), and phone number(s) of the donor(s).

Student Income: Includes **ALL educational scholarships and grants, e.g., PELL, BEOG, SSIG and Veteran's Administration educational benefits**. Need written confirmation of amount of assistance, and educational institution's written confirmation of cost of the student's tuition, fees, books and equipment for prior two semesters. If benefits are paid directly to the student, copies of the latest benefit checks or cancelled checks for prior two semesters and copies of canceled checks or receipts for tuition, fees, books and equipment. Don't forget to include summer school if this applies as well.

Self-Employment Income: The best thing to do is call the office and discuss what is needed in advance. Profit and loss statements signed by the applicant detailing gross income and expenses during the last thirty (30) days, copy of sales tax statement showing gross net proceeds, audited or unaudited financial statements, or a loan application listing income and expenses for the last thirty (30) days are also acceptable verifications.

Public Assistance Income: Public agency's written statement with amount paid during the last month, the time frame covered, and the beneficiaries of aid; or, copy of award letter; or copy of check.

**Nevada State Welfare Division
ENERGY ASSISTANCE PROGRAM
NOTICE OF RIGHTS AND OBLIGATIONS**

A. You have the following RIGHTS:

1. No person will be discriminated against for any reason, i.e., race, age, color, religion, sex, disability, handicap [including AIDS and AIDS-related conditions], political belief or national origin, in any program administered by the Nevada State Welfare Division. Violations of discrimination shall be promptly reported to the nearest Energy Assistance Program office, the Nevada State Welfare Division administrator, 1470 East College Parkway, Carson City, Nevada 89706-7924, (775) 684-0500, the U.S. Office for Civil Rights (OCR), Department of Health and Human Services, 50 United Nations Plaza, San Francisco, California 94102, (415) 437-8310, TDD (415) 437-8311 or by calling toll free 1-800-368-1019.
2. You have the right to a conference if you believe you have been unfairly treated or a mistake has been made concerning your eligibility for assistance. To request a conference, write or call the Energy Assistance Program, 559 South Saliman Road #101, Carson City, Nevada 89701-5040, (775) 687-4420 or 1-800-992-0900, ext. 4420.
3. You have the right to a hearing if you are not satisfied with the agency's action affecting your assistance if you request the hearing, in writing, within ninety (90) days of the agency's action/decision, unless the sole issue for the agency's action/decision is one of state or federal law requiring automatic benefit adjustment. You have the right to a hearing if your application for benefits is denied, reduced, acted upon erroneously, or not acted upon with reasonable promptness.
4. You have the right to a mailed notice of decision telling you if you are eligible for program benefits and in what amount, to whom payments will be made, and the approximate payment date(s); **or** a notice informing you that you are not eligible for program benefits and why.
5. Program staff are required to:
 - Inform applicants of the eligibility requirements for the program;
 - Counsel on required documents; and/or
 - Provide assistance to the applicant, when needed.

B. You have the following OBLIGATIONS:

1. Notify the Energy Assistance Program **within ten (10) working days** of any of the following. Failure to do so may result in denial of benefits or delay in processing your application.
 - Any change in your household income **or** household size (number of people residing in the household);
 - If your household has been approved to receive housing assistance (public housing, Section 8, HUD, etc.);
 - If you change utility companies; or
 - If you move.
2. Respond to any requests for additional information needed to process your application **within ten (10) working days**. It is your responsibility to ensure the requested materials are mailed or faxed early enough to meet the deadline provided to you. The Energy Assistance Program is not responsible for lost or misdirected mail.
3. Cooperate with the Energy Assistance Program in its efforts to secure all information necessary to determine eligibility or benefits.

C. SPECIAL NOTE:

1. If you are applying for the Energy Assistance Program, you may receive help with your heating and/or cooling bills. But remember, you must keep paying your bills when they are due. If you do not pay them, the company can charge more money for paying late. The utility company can even turn off your service and you may be required to pay a deposit before they will turn your service on again. ***If you cannot pay your bill, contact the utility company and try to make payment arrangements.***
2. Persons found guilty of intentionally violating program rules will be ineligible for program participation for one (1) year for the first violation, two (2) years for the second violation, and permanently barred from the program for the third violation.

My signature below indicates I understand and have received a copy of the Rights and Obligations as an applicant for the Energy Assistance Program.

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
WELFARE DIVISION

ENERGY ASSISTANCE PROGRAM
559 South Saliman Road, #101
Carson City, NV 89701-5040
Telephone: (775) 687-4420 / FAX: (775) 687-1272

ENERGY ASSISTANCE PROGRAM
701 North Rancho Drive, Door B
Las Vegas, NV 89106-3704
Telephone: (702) 486-1404 / FAX: (702) 486-1441

RENTAL VERIFICATION – Applies to Rental Applicant Households *ONLY*

AUTHORIZATION: I authorize you to release the requested information to the Nevada State Welfare Division.

Applicant's Signature

Date

Applicant: If you rent, the following information is necessary to complete the household's eligibility for Energy Assistance Program benefits. Please sign and date the above authorization box giving your consent for the landlord to complete the form. The form must be completed, signed and dated by the landlord, and submitted with the application. **FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE INELIGIBILITY.** Rent/Household composition to be completed by landlord or manager only. Under no circumstances can anyone living in the home, a relative or friend complete this form.

Landlord/Manager: Thank you for your cooperation. Completing this form ensures program integrity and accountability in the administration of public funds in Nevada. The information provided will be used only in conjunction with the official duties of this agency and are confidential. Your helping the applicant is appreciated.

RE: _____
Applicant's Name *Street/Residence Address*

1. List the full names of EVERY person (including the above person) living at the address: _____
2. When did _____ begin living at this address? _____
Applicant's Name *Date*
3. If no longer living at this address, date moved: _____ Forwarding Address: _____
4. **Does a governmental entity provide housing or pay a portion of the rent for this household?** ☐ YES ☐ NO
Under what program? *(Please check one of the following.)*
☐ HUD Conventional Public Housing ☐ HUD Indian Housing ☐ Section 8
☐ FmHA Rental Assistance ☐ Other _____
5. **If household rent is zero \$0, does the household receive a UTILITY ALLOWANCE reimbursement?**
☐ YES ☐ NO **If YES, how much?** \$ _____
6. **Please verify the amount of utility allowance calculated to reduce the household's monthly rent:**
Amount: \$ _____
7. Total monthly rent or estimated market value of rent \$ _____. _____ pays \$ _____.
Applicant's Name
8. Is the rent paid to date? ☐ YES ☐ NO Date paid? _____
9. How is the rent paid? (cash, personal check, money order, paycheck, etc.) _____
10. Is _____ a responsible party to the terms of the lease? ☐ YES ☐ NO
Applicant's Name
If NO, who is responsible? _____
11. Does a person outside the household pay any portion of the rent? ☐ YES ☐ NO
If YES, who? _____
12. Does rent include heating and cooling? ☐ YES ☐ NO Amount: \$ _____
13. Does anyone in the household work in exchange for rent? ☐ YES ☐ NO
If YES, who? _____ Date started? _____ Amount? \$ _____

Signature of person completing form _____ Relationship _____
Person completing form _____
Address _____ Phone _____ Date _____
Agency Name _____ Apartment Complex _____